



# Office of Executive Inspector General

## COMPLAINT FORM

**Please type or print clearly below.** Return completed form to: Office of Executive Inspector General, Division of Investigations, 32 West Randolph Street, Suite 1900, Chicago, IL 60601. Alternatively, you may fax the form to our office at (312) 814-5479. Our toll-free hotline number is (866) 814-1113. TTY (312) 814-1872 or (800) 524-8794.

### Contact Information:

Name: (REQUIRED) \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ M ☐ F

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Home Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Other Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Please checkmark preferred method(s) of contact**

Are you a State of Illinois Employee? ☐ Yes ☐ No

If yes, which agency?: \_\_\_\_\_

Is your complaint related to your state employment? ☐ Yes ☐ No

### Complaint Information:

Is your complaint against a State of Illinois employee(s), agency, or vendor of the State? ☐ Yes ☐ No\*

**\*If NO, our office lacks the authority to review or investigate your complaint and the complaint will be returned.**

If yes, which agency? \_\_\_\_\_

Please provide as much detailed information about the individual(s) as possible

Subject of Complaint's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Approx. Age: \_\_\_\_\_ Sex: ☐ M ☐ F

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Have you notified any other Federal, State or local agency of your complaint or filed a lawsuit or grievance related to these matters?

☐ Yes ☐ No

If yes, with what agency did you file a complaint?

\_\_\_\_\_

What is the complaint number?

\_\_\_\_\_

Has your complaint been resolved?

☐ Yes ☐ No

If yes, briefly summarize the results:

\_\_\_\_\_

Have you previously filed a complaint with the OEIG?

☐ Yes ☐ No

If yes, please list any known OEIG case numbers:

\_\_\_\_\_

Is this complaint related to your previously filed OEIG complaint?

☐ Yes ☐ No

May we refer your complaint to the appropriate agency if necessary?

☐ Yes\* ☐ No

**\*Please be aware that complaints relating to management issues may be referred back to the agency where you work.** Once your complaint is referred, you may be contacted by that agency as part of its investigation.

If your complaint is referred, do you want your name and contact information removed?

☐ Yes ☐ No

Summary of your complaint including date and time of alleged incidents (please attach any available documentation in support of your complaint):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other person(s) who could be a witness to the complaint you have alleged:

\_\_\_\_\_

Name

Any identifying information (DOB, SSN, Agency, Title, Telephone Number, etc.)

\_\_\_\_\_

Name

Any identifying information (DOB, SSN, Agency, Title, Telephone Number, etc.)

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Illinois law provides that the identity of any individual providing information to an Executive Inspector General shall be kept confidential and may not be disclosed without the consent of that individual or when disclosure of the individual's identity is otherwise required by law. 5 ILCS 430/20-90(a).

Illinois law states that any person who intentionally makes to an Executive Inspector General a false report alleging misconduct is guilty of a Class A misdemeanor. 5 ILCS 430/50-5(d).